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FEC FORM 3X

Office

Use

Only

FE6AN026

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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**FEC FORM 3X** 

Rev. 12/2004

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		ve examined this  (S)  (M)  (M)  (M)	Report and		y knowledge ar	nd belief it is tru	e, correct an	d complete.	
Siģi	nature of Trea	surer	كسل	h-		D	ate O	1 174	20.27
NO.	TE: Submissio	n of false, erroned	ous, or incomp	olete information r	nay subject the p	person signing th	nis Report to 1	the penalties of	2 U.S.C. §437g.

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

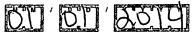
Page 2

Write or Type Committee Name

# for Health Care Excellence Pac

Report Covering the Period:

From:









		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,		14.66071
·	(b) Cash on Hand at Beginning of Reporting Period	14.666.71	
	(c) Total Receipts (from Line 19)	and the second s	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14.666.7.1	1466671
7.	Total Disbursements (from Line 31)	30.13.07	301307
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.653.64	L. 11.653.64
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	processing the second control of the second	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

### For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

# 1403123074

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Vite or Type Committee Name Heath Care Excellence PEC Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other thad loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized .... (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ..... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Fall the Cale of t	Calenda Lear-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating  Expenditures		1200
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1207	1207
22.	Transfers to Affiliated/Other Party		in had a start of U. M.
23.	Committees Contributions to Federal Candidates/Committees		and analysis of the state of the state of the state of the state of
~4	and Other Political Committees	3.0000	3.00000
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25.	(use Schedule E)		
	(doo concede 1),		
26.	Loan Repayments Made	and the state of t	And the second s
07	Lanna Mada		
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)	and the state of t	Land and the state of the state
	(5001 as FAOs)	Committee Continue Co	hand hands and hand hand hand hand hand
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
20	Other Dishurasments	maken de de la company de la c	Comment of the second of the s
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	the artification of the state o	the state of the s
	(i) receial State		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		The state of the s
	21100 00(2)(1)1 00(2)(1)1 2110 00(2)/	the state of the s	
31.	Total Disbursements (add Lines 21(c), 22,		Constitution of the second
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3,013,07	3.0/3.07
30	Total Federal Disbursements		
υZ.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	30/307	301307

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........ 37. Offsots to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures 

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# SCHEDULE B. (FEC Form 3Y)

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# SCHEDULE B (FEC Form 3X)

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# SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27					
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	ent For: Primary ☐ General Other (specify) ▼						
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# SCHEDULE C (FEC Form 3X) LOANS

OANS ·		ose separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)  RUL FULL (In Full)  LOAN SOURCE Full Name (Last, First, Middle)	14h Care	Exrellence	Primary
Mailing Address			General Other (specify) ▼
City S	tate ZIP Co	de	
ל - ייש יישר הלא והפולי הייש אולי המשיל אינו בל הני בל הייש אולי הייש הייש אולי הייש אולי הייש אולי הייש אינו	Cumulative Payment To	Bereit, Mr. no shirt are Shirten C sociality. Since a shirten in the state of the s	ce Outstanding at Close of This Period
in a state of the contraction of the state o	al bank ba	Interest Rate	Secured:  % (apr) Yes No
List All Endorsers or Guarantors (if any) to I  1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	ระบาง สามารถสามารถสมารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสาม เล่าสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามา
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed E Outstanding:	หาวเลง กูระหน่างสุดเกรมหนุ คายหมู่ระหน่า คากกูระหน่า คากกูระหน่า คือ รู้ เป็นเลงที่ในเลงหลังของเลรีสี "แลง คิมและเกลียงเลงได้ 2 และที่เลยเลงได้
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Mailing Address		Occupation	
City State	ZIP Code	- Cultural and	and the second s
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	guestraturant promitty plane processing general stands
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Carry outstanding balance only to LINE 3, Sched	<u> </u>	For recognition and	rd to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule

Federal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER			
Rwy Fund for Health Care Excellente C					
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)			
Full Name	Expendient alexania en Esta pelant-relativa inceril	parate sections of bornels manufactured manufactured			
	Second accordance of Proceeds among more \$1 force \$1,000, in	to stive in said less the said and the said			
Mailing Address		hall and the land of the land of the land of the land			
(	Date Incurred or Established				
City State Zip Code	Date Due	properties and control of the contro			
<del></del>	1	letter that I be a be a feet the second			
A. Has loan been restructured? No Yes	If yes, date originally incurred				
B. If line of credit,	Total	Brownelle existings to select meeting were the secretariate and the selection of the example of the first meeting of the secretariate and the secretariate a			
Amount of this Draw:	Balance	To the state of the cities of the make with the cities were transfer to the cities with the cities and			
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the le	oan: real estate, personal	What is the value of this collateral?			
property, goods, negotiable instruments, certificates of		Francistation of several security and have a set as a set as a set and the set of the second			
stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?				
No Yes If yes, specify:		โดยการสายเกาะเห็นของที่ได้เกาะเคียง พางส์ พระสมิธิบาลเคียง เกาะโดยเลยนี้ และเก็บอย่านนี้			
Does the lender have a perfected sec					
		interest in it? No Yes			
E. Are any future contributions or tuture receipts of intere	est income, pledged as	What is the estimated value?			
collateral for the loan? Ne Yes If yes, s	Beautiful send and the section of th				
	1	Samulaminad Development of the Samulamit and made			
A depository account must be established pursuant to 11 CFR 100.82(c)(2) and 100.142(e)(2).	Lecation of account:				
Date account established:	Address:				
to the Anthal I hadrachad A harbachadarte Anthalia					
in air and burning burning	City, State, Zip:				
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER		DATE			
Typed Name		- Litter Brank & Lead of Dank & hand of the death of the			
Signature		- Landing of the same of the s			
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION:					
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan					
are accurate as stated above.					
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.					
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has					
complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name		Interesting & Labor 2. 1 . Land Andreadur Sulta			
Signature	e	and the second s			
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### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

	PAGE		OF O
FOR LIN	E NUMBI	ER:	
check o	nly one)		19

**Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period Bearing the real weather will be with market ที่สีกับครุมน้องเคยน้องหมัด ให้เลยเมื่อเหมาได้เหมาได้เหมา B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Mailing Address** City State Zip Code Outstanding Balance Beginning This Period **Amount Incurred This Period** Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period more than the with a street of the Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

FOR LINE NUMBER:

Σx	cluding Loans	•		r each ered line)	(check only one)	☐ <u>9</u>
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	A. Tuli yarre (Last, First, Middle Illiai) of De	bior of Creditor	-	Nature of D	ebt (Purpose):	
	Mailing Address					,
	City State	Zip Code				
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	B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of D	ebt (Purpose):	
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	Mailing Address					
	Cibr. State	Zip Code				
	City State	Zip Code	. ' 1	•		•
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	C. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of De	ebt (Purpose):	
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	Mailing Address			•		,
	Willing Addition					
l	City	State Zip Code				
	Outstanding Balance Beginning This Period					
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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC FORM 3X)	<u> </u>
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	OFFEC IDENTIFICATION NUMBER V
4RWI Fund For Health Care Exc.	7
Check if 24-hour report 48-hour report New report Amends repo	Later And attent . Lea Contra Port . Mar Charles Land and make and Land
Full Name (Last, First, Middle Initial) of Payee	Date
	Laborate Anna Carlo Carl
Mailing Address	Amount
City State Zip Code	guncargina ang anasang managana anaga managan ang an mangan ang andang managan ang ang ang ang ang ang ang ang
Purpose of Expenditure  Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	Proceeds and particular decembers with a straight and the conference of the conferen
(c) TOTAL Independent Expenditures	production of conference plants of conference of the conference of
Under penalty of perjury t certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Signature Date	

# SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY P(HITICAL PARTY COMMITTEES OH DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR EEDERAL OFFICE

	U.S.C. §441a(d))						FOR LINE 25	OF FORM 3X
	ME OF COMMITTEE (In Full)	be used only	by P	olitical Comn	nittees in the	General Election)	FOR LINE 25	UP. FURM 3X
1	RW Fund F	or the	<u>a</u>	Hh	Care	Casic 11en	u Pa	<u></u>
	s your committee been designated to ma ordinated expenditures by a political party		Full	Name of Subo	ordinate Comm	ittee .		
lf `	YES, name the designating committee:		Meii	ng Address				
		· 	City			Sta	te ZIP C	ode
	Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Expe	enditure	Category/
	Mailing Address					Date		Туре
	City	State		Zip Code		N. W. V.	and present polynomial	anger accompanies
	Name of Federal Candidate Supported	Office Sough	t:	House Senate	State: District:	* Amount	CTARLE WATE SHAMP REPORTED AS ARE	on the subsequently
	Aggrogate General Election	makaman armin L-1 is			(Numbrane)	Tosa qualificament line cost 2 Sur	metagen literacificansila.	winetises.hund
	Full Name (Last, First, Middle Initial) of Mailing Address	Each Payee			· · · · · · · · · · · · · · · · · · ·	Purpose of Expe	enditure	Category/ Type
	City	State	:	Zip Code		Date		restrantant
	Name of Federal Candidate Supported	Office Sough	t:	House Senate Presidential	State: District:	Amount	orabizzaci brosoch berescher	e salam e salam sander a mande
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	Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Expe	enditure	Category/
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SI	SUBTOTAL of Expenditures This Page (optional)							
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### SCHEDULE H1 (FEC Form 3X)

### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Furnis And Nonconnented Committees Only)

NAME OF COMMITTEE (In Full)					
Rly Fund for Health Care Excellent Pac					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees					
Fixed Percentage (select one)					
Presidential-Only Election Year (28% Federal)					
Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
B. Separate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage					
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or					
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or  If the committee is spending more than 50% federal funds, indicate ratio below					
Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check  Or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal					

# SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

ALLOCATION RATIOS		PAGE OF
VANG OF COMMITTEE (In Fully) Health Care Excu	ellene Par	-
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.		
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.</li> </ol>	hod" where the federal pro	pportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to the tederal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public commission and nonfederal candidates, regardless of whether there is a large allocated using a time/space method.	fit derived by federal candi nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		<del> </del>
	FEDERAL %	NONFEDERAL %
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:	the too his water that it when	manufacture stranger and
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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
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ACTIVITY OR EVENT IDENTIFIER		
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Fundraising Direct Candidate Support	west to mention with said more	%
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CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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ΤΟΤΔΙ	This Period (Total Amount Transferred)				$\mathcal{O}$

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		OF		1		
FOR	LINE	21a	OF	FORM	3X	

J	RUT Fund For Heath Care Exc	eller	nu Pac				
Ā.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:				
			Administrative Fundraising Exempt				
	Mailing Address		☐ Voter Drive ☐ Direct Candidate Support				
	City State Zip Code	·	Public Comm (ref to party only) by PAC				
	Purpose of Disbursement:	right of special p	Allocated Activity or Event Year-To-Date				
•	Activity or Event Identifier:		line with an observable in the analysis and linearly in the action with				
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В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:				
	Mailing Address		Administrative Fundraising Exempt				
			Voter Drive Direct Candidate Support				
	City State Zip Code		Public Comm (ref to party only) by PAC				
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date				
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C.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:  Administrative Fundraising Exempt				
	Mailing Address		Voter Drive Direct Candidate Support				
	City State Zip Code		Public Comm (ref to party only) by PAC				
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#### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR

To be used by State, District and Local	PAGE OF FORM 3X	
NAME OF COMMITTEE (In Full)  White Fund for t	tealth are Exic	ellrace Pac
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED  Providence for suppression of the suppressio
BREAKDOWN OF THIS TRANSFER  i) Voter Registration	VOTER REGISTE	RATION
Total Amount Transferred for Voter	Longitudinous Venez 17 harmali e e enternant I han	adiace vizandi liberalizandi
ii) Voter ID  Total Amount Transferred for Voter	ID	OTER ID
iii) GOTV  Total Amount Transferred for GOTV		GOTV  - regressing manage consistence in regional region con region con - grant con region con - grant con region con reg
iv) Generic Campaign Activity Total Amount Transferred for Gener	ic Campaign Activity	GENERIC CAMPAIGN ACTIVITY  Action and the second process of the se
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER	VOTER: REGISTR	RATION
i) Voter Registration  Total Amount Transferred for Voter	Registration	ne demonstration of such seeds - such as the demonstration of such seeds - such as
ii) Voter ID  Total Amount Transferred for Voter	ID	OTER ID  To the second of the
iii) GOTV  Total Amount Transferred for GOTV	·	GOTV แกะการเหตุการเหตุการเหตุการแกะการการการการการการการการการการการการการก
iv) Generic Campaign Activity  Total Amount Transferred for Gener	8	GENERIC CAMPAIGN ACTIVITY  The consequence of the c
TOTALS FOR BRE	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)
TOTAL This Period (Voter Registration)	I'm, so dies, ration at 1 decree there went in a shift has	adroga Aresaddha, Araba
TOTAL This Period (Voter ID)	res knowled the estate	and the contract of the contra
TOTAL This Period (GOTV)	े विकास में का हम्मी का	e Starre le range de un total de rand en cando au total de un total un una
TOTAL This Period (Generic Campaign Ac	tivity)	รู้ เมื่อสาการแก้วายเหมือนการสำนานการให้และเรื่องการที่ได้และเกียวการสุดและเกียวการสำนาจสร้างการที่สาการทำว่า กู และสาการและเกียวการสุดและสาการสุดและสาการและเกิดและสาการและเกียวและสาการส
TOTAL This Period (Total Amount of Trans	fers Received)	

### SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF	
FOR LINE	30a OF F	ORM 3X

RUT Funder Health Care Excellence Pac					
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code	Les and marker and describe and him the market medicine at some				
Purpose of Disbursement  Category/ Type	Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
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B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
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Mailing Address	Allocated Activity or Event Year-To-Date				
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Purpose of Disbursement Category/	Date				
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C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
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Category/ Type	Date Laurelinger Long Second Secondary and continued				
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#### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

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NAM	E OF ACCOUNT		· .
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	(b) Unitemized	Places, in word west if having it were larger than the property of the propert	Franciscolor nation of safe transfers as I have the last the safe with the winds in the safe to the safe to the safe transfer and the safe transfer the safe to the safe transfer to the safe transfer transfer to the safe transfer transfer transfer to the safe transfer tra
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	,	
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	(d) Generic Campaign		ระ เลยเลาสราการ เดิดเกาะได้ระบาดเนื่องการกระบาดเรื่องและให้การเคลื่องเลยให้การเคลื่องเลยให้การเคลื่องและเลยให้การเ
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5.	OTHER DISBURSEMENTS	In wante sundance to the well anno I want Describer with a with well as well	haus Te with mail work work work and the street
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